



State of Vermont
Abandoned Property Division
Office of the State Treasurer
133 State Street
Montpelier, Vermont 05633-6200
Phone: 802-828-2407
Fax: 802-828-2772

Report of Abandoned Property

File this copy with your total remittance on or before May 1st.

Holder Name and Address:		Contact Person:			
		Phone:			
		Report Year:			
		<i>Name/Address Change Requested</i>			
Property Type Code	Identifying Account Number	Owner's Last Name, First name, City, State, Zip (Listed alphabetically by last name.)	Social Security Number	Date of Last Transaction or Date Property became Payable/Returnable	Amount Reported as Due Owner/Remitted
		Aggregate amount			
Total this page:					
If this is the last page of the report, enter grand total:					

State of _____ County of _____:SS

The undersigned, (print name) _____, being duly sworn on oath, deposes and says that he/she has caused to be prepared and has examined this report of _____ pages, totaling \$ _____, as to property presumed abandoned under the Vermont Statutes Annotated, Title 27, Chapter 13 for the year ending as stated and that he/she acting as duly authorized representative of _____ declares, in accordance with Title 13, Chapter 67, Section 3016 'False Claims', that, to the best of his/her knowledge and belief, said report is a true and complete statement of all abandoned property held or owing by the HOLDER at the close of business on this date, except such items as have since said date, ceased to be abandoned.

Signature & Title: _____

Notary: _____

Subscribed and sworn before me this _____ day of _____, in the year of _____.